

**REPORT OF NAME OR ADDRESS CHANGE**

California Code of Regulations, title 17, sections 30406 and 30537, requires any individual issued an X-ray Technician Limited Permit, Radiologic Technology Certificate, Supervisor and Operator, and a Nuclear Medicine Technologist Certificate or Permit to report any change in their name or address within 30 days to this Department. **All name changes must be accompanied by a government-issued picture ID which includes driver's license, military ID, passport, etc.**

Certificate/Permit Number \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PREVIOUS NAME AND ADDRESS:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**CURRENT NAME AND ADDRESS:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**MAIL OR FAX TO:**

California Department of Public Health  
Radiologic Health Branch, MS 7610  
P.O. Box Number 997414  
Sacramento, CA 95899-7414

FAX (916) 440-7999

Telephone (916) 327-5106

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)

---

For CDPH/RHB Use Only:

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Entered By \_\_\_\_\_ Date \_\_\_\_\_